**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Shepparton Villages Home Care & Support Services |
| Commission ID: | 300083 |
| Address: | 9 Batman Avenue, SHEPPARTON, Victoria, 3630 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 August 2024 |
| Performance report date: | 11 September 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1665 Shepparton Retirement Villages Inc  
Service: 22585 Shepparton Villages Home Care & Support Services

**This performance report**

This performance report for Shepparton Villages Home Care & Support Services (**the service**) has been prepared by N Chahal, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | HCP |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service was previously found non-compliant with Requirements 7(3)(c) and 7(3)(d) following a Quality Audit on 23 and 24 January 2024. Since the Quality Audit the service has implemented effective improvements to workforce knowledge and recruitment.

Consumers and representatives were satisfied that the workforce were qualified and knowledgeable. The service maintains an internal register of brokered staff and collaborates with brokered services to ensure details around qualifications and adequate compliance information is maintained. Brokered agencies confirmed that they provide detailed information about the qualifications of staff as required. There was evidence that the service maintains position description and conducts performance reviews are conducted annually within the service.

Staff confirmed that they had attended education related to legislative and regulatory changes, open disclosure, Serious Incident Response Scheme, restrictive practices and medication management. The service ensures that it obtains and maintains training details of brokered staff. A supplier agreement is in place between the service and external providers requiring the provision of annual mandatory training information. There was evidence the service monitors mandatory and elective training completion for both employed and brokered staff.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 7(3)(c) and 7(3)(d).

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can; 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The service was previously found non-compliant with Requirements 8(3)(c) and 8(3)(d) following a Quality Audit on 23 and 24 January 2024. Since the Quality Audit the service has implemented effective improvements to information management systems and monitoring of brokered staff information, as well as incident recording, reporting and analysis.

The service demonstrated an effective workforce governance system through improved documentation relating to the information management for brokered staff. A governance system has been developed to ensure brokered agencies inform the service of feedback and complaints, capture brokered staff qualifications and competency, and overall deliver a safe quality of care and services. The service provides current and accurate information to brokered agencies including consumer risk, choice and preferences in care provision. There is a process to provide feedback, complaints and clinical data to the Board.

There is an incident management system that identifies and assesses risks to the health, safety and wellbeing of consumers. The process ensures that incidents are captured and reviewed to inform improvement opportunities with incident details reported to the organisations Board.

The service’s quality team undertake regular risk assessments of all consumers identified on the vulnerable consumer register. The quality team also review incidents and the service’s plan for continuous improvement and a regular report is prepared and submitted for Board review.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(c) and 8(3)(d).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)